



Balance Due

\$60.00

PCB #

90

Client Acct #

12

Creditor: MMC- DEPT. OF CARDIOLOGY

Patient Name: DAVID MEYTN

Service Date: 06/27/16



PROFESSIONAL CLAIMS BUREAU, INC.

NYC Dept of Consumer Affairs License #0811196
"Se Habla Espanol"E-Mail:
info@pcbinc.orgPhone: 516-681-1122 or 914-668-1222
Fax: 516-681-1265

Office Hours: Mon - Fri 8:30am - 5pm

Pay Online 24/7/365
www.paypcb.com

IMPORTANT ACCOUNT INFORMATION

The above referenced account has been referred to our offices for collection by the creditor listed above.

Our professional account representatives are available to help you resolve this situation in a way that is acceptable to both you and our client.

There is a good chance that this balance represents a balance after insurance or a balance that your insurance carrier has denied for some reason.

For your convenience you may access our website (24 hrs/7 days) to pay your bill by check or credit card.

www.paypcb.com

Additionally, feel free to mail your check, money order or credit card information along with the payment stub below.

Whatever you do, please do not choose to ignore this outstanding debt.

This is an attempt to collect a debt. Any information obtained will be used for that purpose.

Unless you notify this office within 30 days after receiving this notice that you dispute the validity of this debt or any portion thereof, this office will assume this debt is valid. If you notify this office in writing within 30 days from receiving this notice that you dispute the validity of this debt or any portion thereof, this office will obtain verification of the debt or obtain a copy of a judgment and mail you a copy of such judgment or verification. If you request of this office in writing within 30 days after receiving this notice this office will provide you with the name and address of the original creditor, if different from the current creditor.

Professional Claims Bureau, Inc.
"Debt Collectors Since 1964"

To ensure proper credit to your account, detach this section and return with your payment. Please keep above portion for your records.

74A (PC2)

PO BOX 9060
HICKSVILLE, NY 11802-9060

RETURN SERVICE REQUESTED

Please check box if address below is incorrect or insurance information has changed, and indicate change(s) on reverse side.
Please note your credit card statement will reflect a charge from Professional Claims Bureau, Inc.

DAVID MEYTN

GREAT NECK, NY 11023-2331



Account #:

912

Statement Date:

01/06/2017

Patient Name:

DAVID MEYTN

Balance Due:

\$60.00

We accept:



Amount Paid

card number

expiration date

signature

cvv code

print name

 Health/Flex Spending Account

290

PROFESSIONAL CLAIMS BUREAU, INC.

PO BOX 9060

HICKSVILLE, NY 11802-9060



IF ANY OF THE FOLLOWING HAS CHANGED SINCE YOUR LAST STATEMENT, PLEASE INDICATE . . .

ABOUT YOU:

YOUR NAME (Last, First, Middle Initial)			
ADDRESS			
CITY	STATE	ZIP	
TELEPHONE ()	MARITAL STATUS <input type="checkbox"/> Separated <input type="checkbox"/> Single <input type="checkbox"/> Married	<input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	
EMPLOYER'S NAME	TELEPHONE ()		
EMPLOYER'S ADDRESS	CITY	STATE	ZIP

ABOUT YOUR INSURANCE:

YOUR PRIMARY INSURANCE COMPANY'S NAME	EFFECTIVE DATE	
PRIMARY INSURANCE COMPANY'S ADDRESS	TELEPHONE ()	
CITY	STATE	ZIP
POLICYHOLDER'S ID NUMBER	GROUP PLAN NUMBER	
YOUR SECONDARY INSURANCE COMPANY'S NAME	EFFECTIVE DATE	
SECONDARY INSURANCE COMPANY'S ADDRESS	TELEPHONE ()	
CITY	STATE	ZIP
POLICYHOLDER'S ID NUMBER	GROUP PLAN NUMBER	